

APR 03 2007

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TO: OIPE
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FROM: D. Kent Stier/Merri D. Cruz

OUR REF: 60001.0245US01/MS301752.01
TELEPHONE: 404.954.5066

Total pages, including cover letter: 23

PTO FAX NUMBER 1-571.273.8300

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Title of Document Transmitted: Amendment

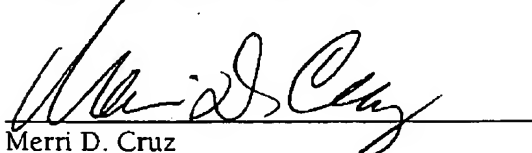
Applicant: Brian T. Hill et al.
Serial No.: 10/607,020
Filed: June 26, 2003

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Applicant: Brian T. Hill et al. Examiner: Nguyen, L.
 Serial No.: 10/607,020 Group Art Unit: 2174
 Filed: June 26, 2003 Docket: 60001.0245US01/MS301752.01
 Confirmation No.: 5590 Due Date: April 4, 2007
 Title: Side-by-Side Shared Calendars

CERTIFICATE UNDER 37 CFR 1.8(b)

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Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
41	-	41	=	0	x	0.00	=	\$0.00
Independent Claims								
3	-	3	=	0	x	0.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
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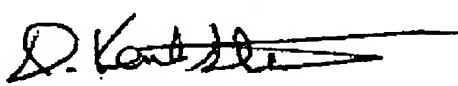
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Dear Sir:

AMENDMENT

In response to the Office Action dated January 4, 2007, please reexamine and reconsider the application in view of the amendments and appended remarks.

Amendments to the Claims are reflected in the listing of claims in this paper.

Amendments to the Specification are reflected in this paper.

Remarks/Arguments follow the amendment sections of this paper.